

## Absence Report/Request

Name: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_ Pay Date: \_\_\_\_\_

First Day Absent: \_\_\_\_\_ Return Date: \_\_\_\_\_

Number of Hours Absent: \_\_\_\_\_

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Reason for Absence:

<input type="checkbox"/> Sick	<input type="checkbox"/> Vacation
<input type="checkbox"/> Personal Time (unpaid)	<input type="checkbox"/> Jury Duty (Paid)
<input type="checkbox"/> Bereavement	<input type="checkbox"/> PTO
<input type="checkbox"/> Leave without pay	<input type="checkbox"/> Other _____

Explanation, if necessary (required if "Other" is marked): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature (if Excused): \_\_\_\_\_

Supervisor Signature (if Unexcused): \_\_\_\_\_

Date: \_\_\_\_\_